

MAILBOX/MAILBOX POST POLICY

WHEREAS, it is necessary in certain rural areas of Hamilton County for residents to install mailboxes on posts in public right of way to receive mail; and,

WHEREAS, the Hamilton County Highway Department has the responsibility for maintaining these rights of way including removal of snow and ice from the traveled portion of the roadway; and,

WHEREAS, the occasional damage to these mailbox/post installations is unavoidable.

THEREFORE, the following Policy is in effect which requires that under certain conditions, the Highway Department will replace mailboxes and/or posts, or pay an amount of Sixty-five Dollars (\$65.00) for damages resulting from maintenance activities pursuant to the following conditions:

1. A Highway Department employee who knows that damage was done to an installation during a maintenance activity and reports same to the office.
2. The owner of the installation reports the damage within (7) days of when the damage occurred and completes and signs the Mailbox & Post Damage Notification Form. This Form is available at the Highway Department office at 1700 S 10th St., Noblesville or online via the County website at www.co.hamilton.in.us. The Mailbox & Post Damage Notification Form must be returned to the County Highway Department Office within (60) days of when the damage occurred in order to be eligible for replacement or a cash payment.

3. All claims will be made on the Form and may be investigated. In questionable circumstances, claimant will be given benefit of doubt. When claims are denied, appeals will be heard by the Hamilton County Board of Commissioners.

4. Replacement by the County, unless denied, will be made within (3) days (weather permitting) of time that the signed Form is received.

5. Replacement components provided by the County will be a black mailbox, equivalent in size to the one damaged, with 4" white house numbers and/or (depending on the extent of the damage) a standard 4X4 treated timber mailbox post.

6. Cash payment, if requested, will be made within (30) days of claim, unless denied.

This policy is effective immediately upon acceptance by the Hamilton County Board of Commissioners.

BOARD OF COMMISSIONERS OF
HAMILTON COUNTY

Date: _____

Steven C. Dillinger

Steven A. Holt

Christine Altman

ATTEST:

Robin M. Mills, Auditor

MAILBOX & POST DAMAGE NOTIFICATION FORM

NAME:		ADDRESS:																	
TIME OF NOTIFICATION:		DATE OF NOTIFICATION:		TELEPHONE NO:															
LOCATION:																			
DESCRIPTION OF DAMAGE:																			
DATE OF DAMAGE:	TIME OF DAMAGE	ESTIMATE COST OF DAMAGE	DRIVER	TRUCK NO.															
FIRST TIME OBSERVED DAMAGED HAD OCCURRED:		DATE:		TIME:															
LAST TIME OBSERVED DAMAGED HAD OCCURRED:		DATE:		TIME:															
CONDITIONS BEFORE DAMAGE: (CIRCLE SIZE & CONDITION OF MAIL BOX AND POST)																			
<table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left; width: 33%;"><u>BOX (SIZE)</u></th><th style="text-align: left; width: 33%;"><u>BOX CONDITION</u></th><th style="text-align: left; width: 33%;"><u>POST</u></th></tr></thead><tbody><tr><td>SMALL</td><td>LIKE NEW</td><td>LIKE NEW</td></tr><tr><td>MEDIUM</td><td>GOOD</td><td>GOOD</td></tr><tr><td>LARGE</td><td>MODERATE</td><td>MODERATE</td></tr><tr><td></td><td>POOR</td><td>POOR</td></tr></tbody></table>					<u>BOX (SIZE)</u>	<u>BOX CONDITION</u>	<u>POST</u>	SMALL	LIKE NEW	LIKE NEW	MEDIUM	GOOD	GOOD	LARGE	MODERATE	MODERATE		POOR	POOR
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LARGE	MODERATE	MODERATE																	
	POOR	POOR																	
<p>CHECK ONE:</p> <p><input type="checkbox"/> I agree that the Hamilton County Highway Department will install one equivalent size, standard mailbox on a 4" x 4" treated post to replace the damaged mailbox and post described above.</p> <p><input type="checkbox"/> I agree to accept Sixty-five Dollars (\$65.00) as full and complete compensation for the damage to the mailbox and post described above. I agree that this amount is full compensation for my damage and agree to replace the damaged mailbox at my sole cost and expense.</p> <p>I also acknowledge:</p> <p style="margin-left: 40px;">a. The above amount will be paid in the normal payment cycle of Hamilton County which may be thirty (30) days from this date; and</p> <p style="margin-left: 40px;">b. If my mailbox is replaced with substandard materials, Hamilton County may deny claims later for damage to the replacement box.</p>																			
<p>I hereby certify under the penalties perjury the following:</p> <p>1. All information contained on this form is true and correct.</p> <p>2. In the event it is determined that the facts contained herein are untrue, the County may, after investigation, forward this claim to the Hamilton County Prosecutor for prosecution.</p> <p>Dated this ____ day of _____, 200__.</p> <div style="text-align: right; margin-top: 20px;"><div style="border-bottom: 1px solid black; width: 200px; display: inline-block;"></div> SIGNATURE</div> <div style="border-bottom: 1px solid black; width: 200px; display: inline-block; margin-top: 20px;"></div> PRINTED																			